

A photograph of a modern, two-story building with large windows and a flat roof. The building is surrounded by a parking lot with several cars. In the background, there are mountains and a clear sky. An American flag is flying on a tall pole to the right of the building.

# **Davis County Health Department** ***2016 Annual Report***



**Davis**  
COUNTY

## Mission

Promote and protect the health and well being of Davis County residents and their environment.

## Values

Quality Service.  
Knowledgeable, Professional & Friendly Employees.  
Public Health Excellence.  
Communication.  
Collaboration & Partnerships.  
Commitments to Community.

With its beginnings back in 1934, the Davis County Health Department is now the oldest established local public health department in Utah. Under the policy direction of the Davis County Board of Health, the Davis County Health Department's Health Officer and the approximately 120 employees serve county residents through the **Communicable Disease & Epidemiology Division**, the **Community Health Services Division**, the **Environmental Health Services Division**, the **Family Health Services Division**, the **Senior Services Division**, and the **Health Administration Services Office**.

## 2016 Davis County Board of Health



**Scott Zigich**  
Chair  
Director  
Risk Management  
Davis School District



**Dr. Gary Alexander**  
Vice Chair  
Pulmonologist  
Tanner Clinic



**Dr. Colleen Taylor**  
Pediatric Dentist  
Dental Care 4 Kids



**Jim Smith**  
Commissioner  
Davis County Govt.



**Dr. Ryan Stewart**  
Family Medicine  
Tanner Clinic



**Ann Benson**  
Social Worker  
(Retired)  
Davis School District



**Troy Wood**  
Chief Executive Officer  
Lakeview Hospital



**Brian Cook**  
Businessman (Retired)



**Randy Lewis**  
Mayor  
Bountiful



**Brian Hatch**  
M.P.H.  
Director  
Health Department  
Davis County Govt.

## Message from the Director

A few high-level organizational structural changes were implemented in the Davis County Health Department during 2016. At the executive management level, all of the department's divisions were aligned either under Dave Spence as the Deputy Director for Health or Kristy Cottrell in the newly created position as Deputy Director for Senior Services. Other simultaneous changes included the separation of the combined division serving both seniors and family health-related functions. This split led to the creation of the Senior Services Division and the Family Health Services Division.



The Davis County Board of Health was involved in its oversight role by reviewing and eventually adopting the department's amended regulations for Food Service, Open Burning, and Waste Tire. The state's new Minimum Performance Rule implemented during 2016 set performance standards for local health departments which Davis County's Board of Health had to assure the department meets. Before the Board unanimously approved the required attestation statement, the members wholeheartedly agreed that the Davis County Health Department far exceeds the requirements outlined in the new rule.

According to the annual County Health Rankings conducted by the Robert Wood Johnson Foundation, Davis County is ranked as the 5th healthiest county in Utah from statistical information national researchers compiled during 2016. This rank is based on health outcomes (length/quality of life). We also are ranked 5th healthiest for factors that affect health: behaviors, clinical care, social & economic, and physical environment. Our strengths are in social & economic factors and clinical care. Davis County is in the top 10% (best) of all counties in the U.S. for fewer premature deaths, less alcohol/tobacco use, more physically active, fewer children living in poverty, more residents with college, and lower unemployment.

Since becoming a nationally accredited public health department at the end of 2015, the department continues to demonstrate its commitment to quality and continuous improvement. Annual reports to the accrediting board help keep the momentum going. The reports provide an opportunity for reviewing our work, recognizing what has been accomplished, and identifying what we need to focus on for improvement goals in the coming year. We continue to build our capacity to collect and use data to assess the health of our community and the effectiveness of our programs and services so that we can always look for ways to improve.

For the last three years community partners have strategically aligned to prevent and reduce suicide, prevent and reduce obesity, improve access to behavioral health services, and improve air quality. Collaboration is critical. We all have a stake in creating a healthier community and no single agency can address the leading health challenges of the county alone. The Davis4Health 3rd year Community Health Improvement Plan (CHIP) progress report documents implementation of planned activities, provides the status of each short and long-term objective, and highlights successes of partners throughout 2016. That report is available on DCHD's website.

Department staff continues to work with other local health departments to apply for Project Public Health Ready (PPHR) that is presented by the National Association of County & City Health Officials (NACCHO). The program recognizes preparedness plans based on a set of criteria matching CDC best practices, Public Health Accreditation Board requirements, and other preparedness guidance designed to enhance emergency preparedness at the local level. PPHR focuses on emergency planning, staff training, and joint planning and exercising with partner agencies. Final document submission will be in 2017.

Community Health Services Division staff served as content experts working with the Utah Department of Health in drafting the new State Electronic Cigarette Product Rule. Division staff continued to focus on tobacco prevention and control efforts through education with high risk youth, cessation classes and resources, and encouraging smoke free environments through policies within housing areas such as apartment complexes. The division offered a new diabetes prevention class made possible by a federal grant. The class series was held periodically throughout an entire year.

Senior Services Division staff created the Davis County Coalition for Abuse Prevention of the Elderly (CAPE) which pulled together local support agencies and law enforcement to address elder justice issues. In June, the division hosted the Utah Elder Abuse Conference at the Davis Conference Center. The multidisciplinary conference provided workshops and training sessions on signs of elder abuse, effective interventions, and strategies to prevent older adults from becoming victims.

Throughout all of 2016, there's one thing that especially stands out to me and that is the exceptional work of our staff. The year passed by quickly as department staff diligently fulfilled our mission to "Promote and protect the health and well-being of Davis County residents and their environment."



Brian Hatch, M.P.H.  
 Director  
 Davis County Health Department



The Communicable Disease & Epidemiology Division staff is responsible for the detection, control, and prevention of communicable diseases through the following programs and activities:

- ❖ **Infectious Disease Program:** Utah law requires that certain human diseases be reported to local health departments. Reporting comes from laboratories, physicians, clinics, and sometimes citizens. Public health nurses make contact with infected individuals to conduct an interview/investigation. They determine possible sources of infection, ensure that proper treatment has been given, identify others who may have been exposed, and implement control measures. Disease investigation can involve one person or many, as in an outbreak.
- ❖ **Sexually Transmitted Disease (STD)/HIV Program:** Individuals with reportable STDs are interviewed to: verify that appropriate treatment was prescribed and taken, identify and notify potentially exposed contacts/partners, facilitate testing and treatment, and provide risk-reduction counseling and education.
- ❖ **Tuberculosis (TB) Program:** Case management and free/low cost treatment is provided to those who are identified with a latent TB infection or active TB disease to prevent, control, and eliminate the disease.
- ❖ **Bloodborne Pathogen Prevention:** Classes and services are provided for EMS/public safety workers that include HIV/HCV/HBV testing and Hepatitis B vaccinations.
- ❖ **Epidemiology:** The prevention and control of communicable diseases is accomplished through: monitoring and establishing surveillance systems, determining the occurrence/severity/trends of infectious diseases, analysis and dissemination of disease data, and timely disease investigations.



## Communicable Disease & Epidemiology Division

### Zika

In July 2016, Davis County Health Department (DCHD) staff was notified of a Davis County resident with symptoms consistent with Zika virus, who was also a close contact to a Salt Lake County resident that was confirmed with Zika virus and had passed away. The Salt Lake County case had acquired the infection while traveling out of the country and had known exposure to mosquitoes. DCHD coordinated additional laboratory testing that confirmed the presence of Zika virus in the Davis County case. DCHD interviewed the case several times and could not identify an expected mode of transmission, making this a national public health concern. This was the first case to have developed the disease through means other than the expected routes (travel to areas with ongoing Zika virus transmission, sexual contact with a person who recently traveled, or receipt of a blood transfusion/organ transplant). An in-depth investigation ensued. A Centers for Disease Control and Prevention (CDC) response team was deployed to Utah to assist in a multifaceted investigation. Local health departments worked to identify all household and other close contacts and coordinated testing. No other contacts were found to be infected. Local mosquito abatement trapped and tested mosquitoes in areas surrounding both cases' homes in Salt Lake County and Davis County. These efforts confirmed that the known mosquitoes to transmit this infection (*Aedes aegypti* or *Aedes albopictus*) were not in the area and none of the other trapped mosquitoes were carrying the virus. Healthcare workers from the facility where the Salt Lake County resident died were also tested as well as community members surrounding the cases' residences. This yielded no additional cases. The Davis County case recovered without problem and the investigation concluded, although no route of transmission was identified. Public health officials and healthcare professionals continue to study this unique situation for new information regarding potential routes of exposure.

### Gonorrhea

As with previous years, cases of gonorrhea were reported at an increased rate. In 2016, 129 cases were reported, as compared to the 87 reported in the previous year. This accounts for a 48% increase in Davis County. The increase in gonorrhea is also evident throughout Utah. Those interviewed were found to have similar risk factors as seen in past years – men who have sex with men, multiple sexual partners, anonymous sexual partners, incarceration, and substance abuse. In Davis County, the burden of disease has been impacting a younger age group who identify themselves as heterosexual. Gonorrhea tends to have more notable symptoms than chlamydial infections; however, in 2016, investigations noted that more individuals are reporting no symptoms at time of diagnosis.

### Hantavirus pulmonary syndrome

A hantavirus pulmonary syndrome (HPS) death was identified and investigated in 2016. This is the first



confirmed HPS case in Davis County. The patient's infection progressed from mild symptoms to death within one week. DCHD's investigation of the case discovered that the infected individual owned and frequented a property site in Davis County where a homemade barn, miscellaneous building materials, and some cattle were kept. DCHD conducted an environmental assessment of the family home and found no evidence of rodents. However, the environmental assessment done on the family property revealed rodent droppings in the same area where the individual had been working prior to death. Household contacts were evaluated and monitored for two months – no additional cases were detected.

### Influenza

The 2015-2016 influenza season had a slow start, but as the season progressed, there was a rapid increase in cases during the months of February and March. Influenza A (H3), the anticipated seasonal strain, circulated in the community; however, influenza B also had a significant presence. A total of 110 hospitalized cases were reported during the 2015-16 season. The current season (2016-2017) had an earlier start, elevating in December 2016 - which places influenza as the third most reported illness in Davis County in 2016. Also in December, an outbreak of influenza A was reported in a long-term care facility. In consultation with DCHD, the facility provided prophylaxis to all their residents and infection control measures were promptly initiated. The intervention was successful and no additional cases developed.

### Cryptosporidium

A cryptosporidiosis outbreak was identified in 2016 involving a youth group that attended a waterpark outside of Davis County. Nine attendees became sick with gastrointestinal symptoms within the same timeframe. DCHD conducted an investigation and coordinated laboratory testing which identified cryptosporidium as the causative agent. The neighboring local health jurisdiction collected water samples from the facility which were also positive for cryptosporidium. DCHD distributed a survey to all the attendees to help identify additional cases, but the return response rate was poor. However, the survey did help to identify at least three more individuals who were ill. The ages of those who were ill ranged from 13 to 40 years old and mainly affected men. All ill individuals recovered.

### Norovirus

A large gastrointestinal outbreak was identified in early December 2016 involving a long-term care facility. Several residents reported having nausea, vomiting, and diarrhea. DCHD coordinated testing for several residents which returned with positive results for norovirus. Environmental Health staff inspected the facility and also provided cleaning instructions specific for norovirus. The facility underwent a deep clean and implemented other infection control measures. A total of 42 residents and 25 employees became ill. The facility was monitored for several days and no new cases were identified.

Top 20 Diseases		
Disease	Rank	Number
Chlamydia	1	934
Hepatitis C, acute & chronic	2	166
Influenza, hospitalized	3	133
Gonorrhea	4	129
Tuberculosis, latent infection	5	112
Streptococcal disease, invasive	6	90
Norovirus	7	69
Salmonellosis	8	42
Campylobacteriosis	9	41
Hepatitis B, Acute & Chronic	10	34
Cryptosporidiosis	11	27
Giardiasis	11	27
Pertussis	13	24
Chickenpox	14	23
Syphilis - All Stages	15	19
Carbapenem-Resistant Enterobacteriaceae (CRE)	16	14
Shiga toxin-producing <i>E. coli</i> (STEC)	17	11
Shigellosis	18	9
Viral/Aseptic Meningitis	19	7
Coccidioidomycosis	19	7
HIV	19	7



## Community Health Services Division

### Injury Prevention Program

In 2016 the division received a 3-year grant to address the growing opioid epidemic in Utah. The state continues to rank in the top 10 for states with the highest percentage of opioid related deaths. Grant objectives focus on increasing awareness through education of the community, pharmacists, and medical providers. Educational goals include increasing the number of physicians who follow Centers for Disease Control and Prevention (CDC) Opioid Prescribing Guidelines, increasing the amount of educational material provided to patients when prescribed an opioid, and increasing community awareness that opioids are not the best solution for all types of pain.

Suicide prevention remains a priority for the division with particular focus on youth. In 2013 suicide surpassed unintentional injuries to become the leading cause of death among youth ages 10-17 in Utah. Staff members work to increase awareness and access to resources through education programs and participation in local and statewide coalitions. In addition to the Question Persuade and Refer (QPR) program, staff also team-teach a Mental Health First Aid program to people throughout the community.

Safe Kids Day continues to be a successful community event with over 2,000 residents attending in 2016. The Child Passenger Safety Program offers monthly classes and car seat fitting stations. During the past year more than 100 people attended the educational class offered at the department, 340 car seats were inspected for proper installation and potential recalls, and 190 car seats were provided at reduced cost to qualified individuals.

### Physical Activity, Nutrition and Obesity Program

The division received a \$20,000 grant to assist the Davis School District in expanding the Healthy Bodies Healthy Minds program to two additional elementary schools and one secondary school. The program provides additional physical activity for students and staff during the school day. Data has shown the program not only increases physical health, but also increases student test scores at participating schools.

Division staff also successfully partnered with Davis School District to expand the Height & Measurement Project to 28 additional elementary schools. The data will provide sufficient information to determine overweight and obesity rates of elementary students in Davis County for the first time. The data can further be utilized to bring in additional grant funding to provide services for schools and students in the county.

In 2016 the division continued efforts on increasing access to local fresh fruit and vegetables for all residents. Staff members created the Davis County Produce Growers Newsletter with the purpose of facilitating communication for all produce growers and local suppliers, provide resources, and share knowledge and ideas. The division also highlighted several local farmers on department social media channels to increase community awareness of these local resources.

Division staff continues to partner with area physicians to reduce high blood pressure and diabetes. In 2016 one additional physician began participating in the Million Hearts program to identify high

The Community Health Services Division is responsible for planning and implementing public health interventions, programs, and developing policies that support a healthy environment.

- ❖ **Injury Prevention Program:** Staff members implement and evaluate targeted programs designed to prevent injury and death.
- ❖ **Medical Reserve Corps (MRC) Volunteer Program:** The MRC's 300 Davis County volunteers are both medically trained (doctors, nurses, paramedics, pharmacists) and non-medically trained. Members participate in emergency response trainings and exercises supporting emergency preparedness plans.
- ❖ **Physical Activity, Nutrition and Obesity Program:** This program promotes the health and well-being of communities, and prevents or reduces the occurrence of obesity and related chronic diseases through physical activity and nutrition at school and in the community.
- ❖ **Public Health Emergency Preparedness Program:** The division's Emergency Response Coordinator works in conjunction with the state health department, other local health departments, and other partner agencies to create public health emergency response plans for natural disasters and other emergencies affecting public health.
- ❖ **Tobacco Prevention, Cessation and Control Program:** This program is dedicated to the control and prevention of all tobacco and nicotine products. Help is available for people to quit tobacco and nicotine use, or to prevent others from starting. Staff members create policies encouraging tobacco and nicotine-free environments and the elimination of secondhand smoke.





blood pressure and educate patients in strategies to reduce their rates. The division also implemented the yearlong PreventT2 pre-diabetes prevention program. Medical providers refer pre-diabetic patients to the course where they learn strategies and information on how to prevent developing diabetes. In 2016, 23 residents participated in the course with an 87% retention rate, 92% attendance rate, and 67% of the participants achieved some weight loss.

Other program activities included the department adopting a Breastfeeding Standard, surveying and developing a report for the eight community gardens in the county, utilizing CDC's Health and Sustainability Guidelines for Federal Concessions and Vending Operations to label healthier options in area vending machines, 37 new day care providers being trained in the Targeting Obesity in Pre-Schools and Child Care Settings (TOP Star), and providing water bottles to schools participating in Healthy Bodies Healthy Minds to increase daily water intake among students.

### Public Health Emergency Preparedness Program

Emergency preparedness staff conducted the county's first ever Community Assessment for Public Health Emergency Response (CASPER) exercise in 2016 as a step in expanding the department's ability to recover from a large scale emergency. Conducted on a Saturday in October, the CASPER exercise involved utilizing staff, Medical Reserve Corps (MRC) volunteers and Community Emergency Response Team (CERT) volunteers to visit a random sampling of homes in all cities of the county to conduct the survey. CASPER is designed to obtain specific information in the aftermath of an emergency to focus recovery efforts on the most urgent needs. For the October CASPER questions focused on resident preparedness levels and the resulting data was shared with city and county Emergency Managers to develop future emergency preparedness efforts in individual communities.

Program staff also has been working in partnership with the Tooele County Health Department and Salt Lake County Health Department to review emergency response plans and identify gaps for improvement in preparation for the National Association of County and City Health Officials (NACCHO) Project Public Health Ready (PPHR) recognition in 2017.

### Tobacco Prevention, Cessation and Control Program

The 2016 Surgeon General Report on E-Cigarette Use Among Youth and Young Adults reported e-cigarettes are now the most commonly used tobacco product among youth in the United States. The report also focused on how nicotine impacts the developing brain, changing the way synapses are formed which can cause harm to parts of the brain that control attention and learning. Division staff has incorporated the Surgeon General's latest data and findings into community wide prevention and cessation education programs.

Division staff also participated in the development of the new state rule regarding the labeling and sale of e-cigarettes and related education material for local retailers. Also, the staff developed and piloted a new tobacco compliance check data collection system designed to increase efficiencies and create improved data outputs. The system is in the process of being adopted for use by other local health departments in the state.





Four bureaus make up the Environmental Health Services Division:

- ❖ The **Air Quality Bureau** staff members oversee air quality programs within Davis County. Activities include: enforcing county and state air quality regulations; informing the public about air quality conditions, regulations, and programs; providing clearing index information and burning conditions to citizens and applicable agencies; and contracts for diesel testing at the county's Testing Center in Kaysville. The staff handles public inquiries and provides oversight for commercially operated Inspection/Maintenance program stations as well as their technicians.
- ❖ The **Environmental Response and Waste Management Bureau** staff conducts routine, complaint-based, and emergency inspections. The staff answers waste, housing, vector, or site assessment questions and monitors emergency environmental response and cleanup of hazardous spills or material releases.
- ❖ The **Food Service and Facilities Bureau** staff performs routine inspections on all permitted restaurants, schools, Job Corps facilities, commercial day care facilities, and jails. Other inspections are performed at flavored ice facilities and at seasonal or temporary events. Inspectors investigate food borne illness complaints and elevated blood lead levels in children. The bureau staff issues permits to food handlers, temporary food vendors, flavored ice facilities, and seasonal food vendors. Staff also review plans for food service and institutional facilities.
- ❖ The **Water Resources Bureau** staff conducts sanitary surveys of drinking water systems in the county to assure the purity of the water supply. The bureau's water laboratory is nationally accredited and operates under the strictest requirements. Drinking water fluoride levels are monitored within this lab. Public pools and spas require permits and are sampled monthly, ensuring rigorous water quality standards.



## Environmental Health Services Division

### Division Highlights

Due to several promotions in the Division, 2016 was an eventful year. The Division's Director, David Spence, moved up to become a Deputy Director for the Department. This is the first time in Division history that a Director was promoted out of the Division instead of leaving for retirement. This move led to a number of other promotions. Dennis Keith was promoted to Director, Rachelle Blackham was promoted to Deputy Director, and Jay Clark was selected to become a bureau manager. These personnel changes led to program changes, bureau restructuring, and new training programs to assist bureau managers in their new roles. Two events occurred in 2016 requiring considerable staff time and effort: an algal bloom in the Great Salt Lake, and assisting with a localized hazardous air pollution study conducted by the Utah Division of Air Quality.

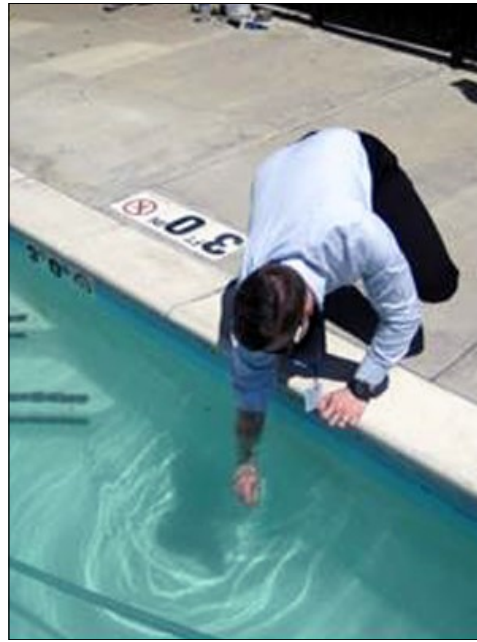
### Air Quality Bureau

Air quality was a big priority during 2016. Five real-time air monitors were installed at various Woods Cross City locations to monitor for PM<sub>2.5</sub>, PM<sub>10</sub>, ozone, and other pollutants. This data was available online for the first part of the year. Communication problems prevented data to be reported during the fall and winter. The Inspection and Maintenance (I/M) program continued testing cars at a high rate – 203,000 total vehicles were tested including 6,300 non-Onboard Diagnostics diesel vehicles at the Kaysville facility operated by World Wide Environmental Products (WEP). By the end of 2016, the analyzer testing contract was renewed with WEP for an additional five years. Enhancements were included in the new contract such as adding an additional lane camera, and increasing the ability to monitor emission testing online. A hazardous air pollutant study was released by the Utah Division of Air Quality showing formaldehyde, methylene chloride, and acetaldehyde at elevated levels compared to other monitoring sites in Utah. Staff members spent a considerable amount of time and resources identifying sample sites for the next phase of this study that will launch in 2017. The bureau also added an air monitor to the roof of the health department building to sample for particulates, ozone, and other harmful pollutants.

### Food Service and Facilities Bureau

This bureau has a heavy workload by overseeing the largest amount of permitted and regulated





businesses. During 2016, a new Davis County Board of Health food service regulation was passed which changed how temporary and mobile food service operations are permitted. The *Davis Digest* newsletter was created to communicate relevant information and provide training to local food service regulated businesses on a quarterly basis. Also, inspection routes were created to build closer relationships with partners and to streamline the inspection process. The Food Service and Facilities Bureau staff performed 1,390 restaurant and school inspections, issued 313 temp event permits, and processed more than 10,000 food handler cards.

### Environmental Response and Waste Management Bureau

The bureau staff oversee a wide range of complaint-based programs. The main programs include environmental response, waste haulers, infectious waste, body art, electronic cigarettes, housing, rabies, radon, site assessments, and tanning. Program staff also respond to all HAZMAT related calls with local fire officials to provide adequate detection equipment for first responders to make informed decisions on scene. New equipment such as HAZID was added and staff members received radio training to enhance response capability. During the year, the bureau staff revised the infectious waste regulation and started the review of the waste hauler and body art regulations. The staff responded to 49 rabies and 99 housing complaints.

### Water Resources Bureau

Every year, the Water Resources Bureau staff completes a staggering amount of work in drinking water, pools, waste water, and all recreational water areas of Davis County. Analyzing samples in the onsite lab is the cornerstone of the bureau. In 2016, staff members analyzed 3,000 drinking water, 416 fluoride, 2,778 pool, 273 pond, and 122 stream samples. They also played an instrumental role by gaining information through conducting meetings, informing county officials, and working with partners to better inform the public of the harmful algal bloom hazards at Farmington Bay on the Great Salt Lake. Two bureau staff members received advanced training in drinking water certification.

### Quick Facts

- 1,138 food service inspections
- 313 temporary food service inspections
- 1,150 pool inspections
- 2,778 swimming pool/spa samples lab analyzed
- 2,978 drinking water samples lab analyzed
- 82 used oil facility audits
- 46 animals submitted for rabies testing
- 7 adjudicative hearings
- 171 homes tested for radon
- 203,000 cars emissions tested
- 120 smoking vehicle complaints



The Family Health Services Division staff conducts a variety of public health services for county citizens.

- ❖ **Immunization & International Travel Clinics** in Clearfield and Woods Cross offer walk-in services for routine immunizations. The Travel Clinic requires appointments, and is a certified Yellow Fever Vaccine center. Children who are without health insurance, or on Medicaid or CHIP, or are American Indian can receive vaccines through the Vaccines for Children Program for a nominal administration cost.
- ❖ The **WIC** (Women, Infants, and Children) **Nutrition Program** helps pregnant women, new mothers, and young children eat well, learn about nutrition, and stay healthy. Nutrition education and counseling, nutritious foods, and help accessing health care are provided to qualifying women, infants, and children.
- ❖ Registered nurses with **Public Health Nursing** make home visits assessing needs of families with infants receiving Medicaid and provide referrals to community agencies. Infants at risk for developmental delay also receive visits. The home visitation programs include Targeted Case Management and the Nurse-Family Partnership supporting first time moms and providing referrals, resources, and oral health assessments. The Baby Your Baby Program encourages pregnant moms to seek early prenatal healthcare.



## Family Health Services Division

### Immunizations

The Immunization Bureau offers all childhood, adolescent and adult immunizations through the Immunization Clinic, International Travel Clinic, and Outreach Clinics. Services are offered in both the Clearfield and Woods Cross locations. The International Travel Clinic is a certified Yellow Fever Vaccine Center.

Immunization clinics offer private pay immunizations as well as those through the Vaccines for Children (VFC) Program. More than 12,157 vaccines were administered in 2016 with 8,345 vaccines given to adults and 3,812 given to children. VFC vaccines are free for clients with Medicaid, no insurance, underinsured and American Indian or Alaska Native. TB skin test for children and adults also are offered. 1,031 TB skin tests were administered and read.

The International Travel Clinic offers tailored consultation for those who are traveling to foreign countries according to their itinerary, length of stay, and current travel conditions. Immunizations and up-to-date information on vaccination and advice on preventing illness while traveling are provided. A total of 1,866 travel shots were provided to 1,167 travelers during the year.

Outreach Clinics are offered in a variety of settings. Customized vaccination clinics were conducted at Hill Air Force Base, private sites, senior activity centers, and schools. Approximately 3,470 clients were served in the Flu Vaccine Outreach clinics.

### WIC Program

The WIC program is a federal nutrition program implemented through the Davis County Health Department. Each year, clinic data is evaluated to determine future goals. The 2016 focus continued on reducing the number of women and children who are overweight or at risk for becoming overweight. Efforts were made to reach this goal through focused counseling, education and referrals. This risk has decreased by approximately 3% during the previous four years. Other 2016 WIC goals included reducing the prevalence of low hemoglobin and increasing WIC outreach activities throughout the county.

Breastfeeding has always been a priority at Davis County WIC. In 2016, the goal was to increase the number of Davis County WIC babies who were breastfed and to increase or maintain breastfeeding duration for 6 and 12 months. Data for 2016 shows that 83% of babies were ever breastfed which





is a 10% increase from 2013. Breastfeeding for six months also has increased by 2% and reached 36%. Breastfeeding for a year increased slightly to 21%. Efforts to increase these rates include specific education and counseling both in group and one-on-one settings.

Davis County WIC continues as the lead agency of the Davis County Breastfeeding Coalition. The coalition is a group of community organizations and individuals whose purpose is to collaboratively promote, protect, and support breastfeeding within the county. Activities included presenting outstanding breastfeeding-friendly awards to community agencies, maintaining social media sites, producing and distributing breast pumping tips to local pump providers, and participating in various community events. The coalition also hosted events such as the Miracle Milk Stroll, the Big Latch On, and the Mother's Corner at the Davis County Fair. These activities bring community members together to promote and support breastfeeding in our community.

### Maternal Child Health and Home Visiting Programs

Preventative care is an important part of maternal and child health. For this reason, the Davis County Health Department implements three different medical assistance programs: Baby Your Baby (BYB), Child Health Evaluation and Care (CHEC), and the United Way Dental Program. In 2016, Baby Your Baby increased the number of women assisted by 20% by serving more than 120 pregnant mothers. Through Baby Your Baby, medical assistance is available on a temporary basis to ensure low income pregnant women are able to receive prenatal care. The CHEC program encouraged parents to complete both medical and dental well-child check-ups. More than 1,400 people were reached by phone or mail through the CHEC program. United Way Dental Program provided \$6,000 during the year to assist low income residents with dental care.

The Davis County Health Department implements two home visitation programs – Targeted Case Management (TCM) and Nurse-Family Partnership (NFP). Both TCM and NFP provided one-on-one support by registered nurses to assist in healthy pregnancy outcomes, healthy children, and healthy families. Through TCM, nurses completed home visits to provide developmental assessments and referrals. During 2016, the program increased to 1,734 families receiving services through TCM. Davis County began the NFP Program for first-time expectant mothers during the fall of 2015. NFP is a voluntary, free maternal and childhood health program that gives first-time moms valuable knowledge and support throughout pregnancy with continued follow up until their baby reaches two years old. NFP Davis County has built up to 67 clients within 2016.



### Quick Facts

- Average monthly WIC enrollment is 5,931 clients
- 83% of WIC babies were ever breastfed
- 36% of WIC babies were breastfed for 6 months
- 21% of WIC babies were breastfed for 1 year
- 67 first-time moms were enrolled in NFP program
- TCM program served 1,734 families
- CHEC program contacted more than 1,400 people
- Adults received 8,345 vaccines
- Children received 3,812 vaccines
- Approximately 3,470 clients were served in the Flu Vaccine Outreach clinics



The Senior Services Division staff plan and implement programs, services, and policies supporting the needs of Davis County's aging population.

- ❖ **In-Home Services** provides information, assistance, referrals, and supportive services helping seniors remain safely in their homes. Case managers plan and coordinate services for a variety of Home and Community Based programs for seniors, caregivers, and veterans. The **Meals on Wheels** program provides mid-day meals to homebound seniors, and requires many dedicated volunteers to help with meal delivery.
- ❖ The **Family Caregiver Support Program** provides education, case management, and short-term respite services for caregivers.
- ❖ Davis County's three **Senior Activity Centers** provide gathering places for active, mature adults to explore a variety of interests including exercise, classes, recreation, and enjoy lunch in a social setting. Transportation is available. Medical Transportation provides rides for health and medical appointments.
- ❖ **RSVP** recruits and places senior volunteers in a variety of agencies throughout the county, providing opportunities to create healthy futures, especially for seniors and veterans.
- ❖ Other services include: Medicare information, assistance, and education to detect and prevent healthcare fraud; Long-Term Care Ombudsman advocates for people living in long-term care settings; falls prevention awareness; and connecting veterans and their families to VA benefits and programs.



## Senior Services Division

Davis County's Senior Services Division – the Area Agency on Aging (AAA) – continued to provide unsurpassed services to its clients in many areas during 2016. The following accomplishments are further examples of the dedication and diligence of staff in serving seniors, caregivers, and veterans.

### Senior Activity Centers, Congregate and Homebound Meals

Meals on Wheels volunteers delivered 95% of the 88,536 meals to 720 homebound seniors in 2016. Providing “more than a meal,” volunteers helped decrease social isolation for this vulnerable population, and the meal remains the main nutrition source for many recipients.

Seniors enjoying a mid-day meal with friends in a social setting at Senior Activity Centers found it easier to make healthy food choices through posted carbohydrate counts for menu items. This information provides a “nudge” to make better choices when deciding what to eat, and aligns with agency goals to help people manage chronic conditions including diabetes, obesity/overweight. The alternate meal choice option continues to be popular and offers an option to the daily hot meal.

Life celebrations are always important. Each month, the centers host a special birthday lunch, including entertainment, cake, balloons and singing. Not wanting to forget homebound clients, volunteers handwrite birthday messages, and one volunteer has now written more than 300 birthday messages. This simple gesture provides joy and happiness on both sides, the volunteer is grateful to be useful, and the clients are happy that someone remembered them on this day.

### Long-Term Care Ombudsman (LTCO)

In 2016, the program adapted to several regulatory changes, including revisions to the federal Older Americans Act and the new Federal Nursing Home Regulations. These amendments increased the overall population served by the local LTCO.

Cases remained steady at 135 in 2016, with 262 complaints, compared to 135 cases and 251 complaints in 2015. Facility consultations rose slightly from 199 in 2015, to 205 in 2016, and the LTCO provided 252 individual consultations. In one success story, the LTCO successfully advocated that an assisted living facility reimburse a resident more than \$2,400 due to a facility error, which affected the resident's Long Term Care Insurance. Another notable accomplishment includes the successful 2016 Utah Elder Abuse Conference, hosted by Davis County Senior Services.





### Family Caregiver Support Program

Two different locations hosted Caregiver education class series, three times during the year as well as additional summer classes. Participants received a free lunch and attendance ranged from ten to fifteen people. Orchard Cove, in Bountiful, hosted a monthly Alzheimer's caregiver group; North Davis Senior Activity Center – a monthly Parkinson's support group; and Autumn Glow Senior Activity Center – an ALS support group. More than 460 caregivers received monthly newsletters, with a Spanish version available by request. Social media presence and activity increased during the year through posts on Facebook, Twitter, Instagram, and Pinterest.

### Health Promotion and Disease Prevention

During 2016, 316 individuals attended evidence-based health improvement classes offered in the county, with each senior activity center hosting at least one course. Available programs include "Stepping On," Living Well with Chronic Conditions, Living Well with Diabetes, and arthritis exercise classes. Other class locations included local hospitals, long-term care facilities, and recreation centers.

### Outreach, Information, Assessment, and Referral

As part of efforts to assist clients with access to needed services, we continued the VA Cover to Cover Project. Assessing veteran status and benefit enrollment at time of initial intake identifies veterans that may have "fallen through the cracks" accessing their earned VA benefits. Some current clients are able to stop receiving AAA-provided services, freeing precious spots and funding for other clients. The division's location near Hill Air Force Base allows for increasing service and support to veterans while aligning with community values.

### Transportation

Medical transportation rides increased 36%, and balancing the demand for services versus driver availability remained a significant challenge. After securing two smaller vehicles, the agency will implement a new volunteer driver program to expand services, providing rides to key medical facilities located in adjacent counties.

### Home & Community-Based Services (HCBS)

Davis County managed Utah's second largest "Alternatives" program, with 149 clients served in 2016. This program provided in-home supports and services to low-income older adults, delaying premature admission to more expensive long-term care. Senior Services continued to provide the Veteran-directed Home and Community Based Services program, VD-HCBS. This program aligns closely with other HCBS services, providing participant directed care, and keeps veterans living at home in their community.

### Elder Justice

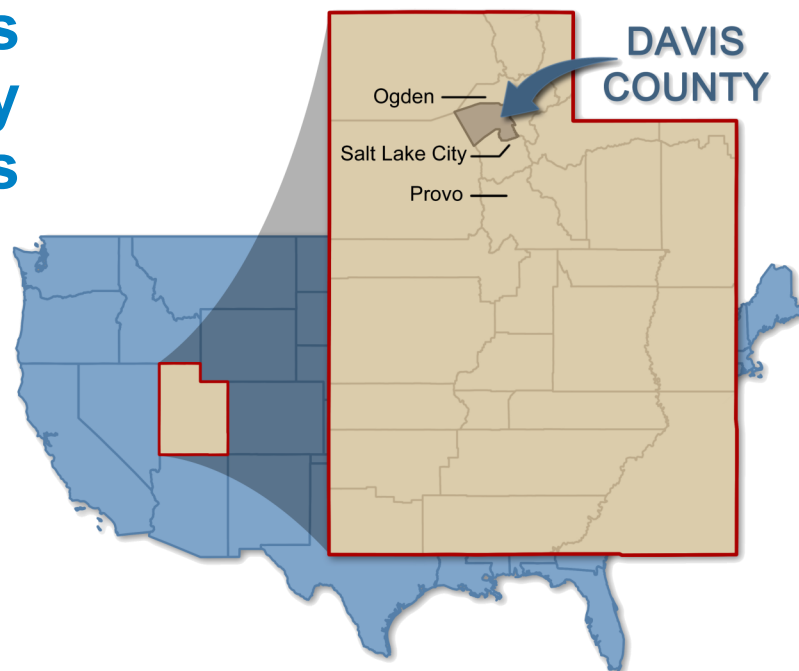
Increasing elder abuse awareness remains a high priority. The Coalition for Abuse Prevention of the Elderly (CAPE) continued to strengthen membership and activity, and produced a county specific educational brochure for vulnerable adults. Local law enforcement agencies distribute these when visiting a potential victim, similar to the process when responding to victims of domestic violence.

Further efforts included certifying three employees as trainers for Dementia Dialogues, a "promising practice" for caregivers, professionals, and the public. The 8-hour course provided tools and guidance to help caregivers and others better deal with their loved ones while decreasing compassion fatigue which leads to an increased risk of elder abuse.

### Retired & Senior Volunteer Program (RSVP)

RSVP experienced significant growth in the number of volunteer participants and community partnerships supporting the volunteers during 2016. The program worked with the Quality Improvement Council and received targeted support to identify barriers and opportunities to increase the number of volunteers. The team developed effective volunteer marketing tools and strategies for recruitment. Volunteer participants increased from 264 in June 2016 to 365 in March 2017, and community partnerships for volunteer placement increased from 28 to 32. RSVP volunteers served 40,495 hours and drove 75,410 miles between April 1, 2016 and March 31, 2017.

# Demographics & County Health Rankings



Sex	Population	Percent
Male	169,339	50.4%
Female	166,704	49.6%
Total	336,043	100.0%

Davis County Population		
Age Group	Population	Percent
<5	29,281	8.7%
5-19	90,648	27.0%
20-44	118,099	35.1%
45-64	66,617	19.8%
65-85+	31,398	9.3%
Total	336,043	100.0%

Race	Davis	Utah	U.S.
White	89.7%	87.6%	73.6%
Hispanic or Latino (any race)	9.0%	13.4%	17.1%
Black	1.2%	1.1%	12.6%
Asian	1.9%	2.2%	5.1%
American Indian & Alaska Native	0.4%	1.1%	0.8%
Native Hawaiian & Other Pacific Islander	0.6%	0.9%	0.2%
Two or more races	3.1%	2.6%	3.0%
Some other race	3.0%	4.5%	4.7%

Employment, 16 Years & Over	Davis	Utah	U.S.
Employed	65.5%	63.8%	58.0%
Unemployed	2.9%	3.9%	5.2%
Armed Forces	1.0%	0.2%	0.4%
Not in Labor Force	30.7%	32.1%	36.3%

Education, 25 Years & Over	Davis	Utah	U.S.
9th-12th grade, no diploma	3.6%	5.8%	7.6%
HS Grad (include equivalency)	21.2%	23.2%	27.8%
Some college or Associate's degree	39.2%	37.0%	29.2%
Bachelor's degree	24.1%	20.8%	18.5%
Graduate degree	10.7%	10.4%	11.2%

Income, Inflation-Adjusted Dollars	Davis	Utah	U.S.
< \$10K	3.7%	4.9%	7.2%
\$10K to \$14.9K	2.7%	3.8%	5.3%
\$15K to \$24.9K	5.9%	8.6%	10.6%
\$25K to \$34.9K	7.0%	9.2%	10.1%
\$35K to \$49.9K	12.1%	13.8%	13.4%
\$50K to \$74.9K	21.8%	21.1%	17.8%
\$75K to \$99.9K	17.5%	15.0%	12.1%
\$100K to \$149.9K	18.6%	14.6%	13.1%
\$150K to \$199.9K	6.2%	4.8%	5.1%
\$200K or more	4.5%	4.2%	5.3%



County Health Rankings	Davis	Utah	Rank
<b>Health Outcomes</b>			5
<i>Length of Life</i>			6
Premature Death	4,900	5,900	
<i>Quality of Life</i>			4
Poor or Fair Health	11%	13%	
Poor Physical Health Days	3.3	3.4	
Poor Mental Health Days	3.3	3.5	
Low Birthweight	7%	7%	
<b>Health Factors</b>			5
<i>Health Behaviors</i>			7
Adult Smoking	9%	9%	
Adult Obesity	25%	25%	
Food Environment Index	8.0	7.6	
Physical Inactivity	15%	16%	
Access to Exercise Opportunities	95%	87%	
Excessive Drinking	12%	12%	
Alcohol-impaired Driving Deaths	17%	20%	
Sexually Transmitted Infections	295.9	283.5	
Teen Births	19	26	
<i>Clinical Care</i>			3
Uninsured	10%	14%	
Primary Care Physicians	2,020:1	1,740:1	
Dentists	1,610:1	1,490:1	
Mental Health Providers	600:1	380:1	
Preventable Hospital Stays	23	29	
Diabetes Monitoring	86%	86%	
Mammography Screening	61%	60%	
<i>Social &amp; Economic Factors</i>			2
High School Graduation	92%	85%	
Some College	76%	69%	
Unemployment	3.3%	3.5%	
Children In Poverty	8%	13%	
Income Inequality	3.3	3.9	
Children in Single-Parent Households	16%	19%	
Social Associations	2.4	3.5	
Violent Crime	106	215	
Injury Deaths	52	66	
<i>Physical Environment</i>			21
Air Pollution - Particulate Matter	8.7	6.1	
Drinking Water Violations	Yes		
Severe Housing Problems	11%	16%	
Driving Alone to Work	79%	76%	
Long Commute - Driving Alone	26%	24%	



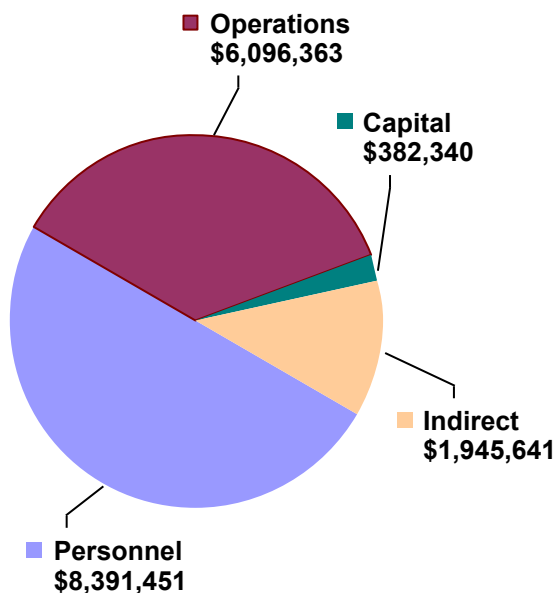
# Health Administration Services Office

The Health Administration Services Office staff functions for the entire health department including: accreditation issues, quality improvement, public information, accounting, budget, insurance billing, purchasing, travel, and personnel.

**Vital Records** staff issues birth and death certificates, and declarations of paternities to the public.

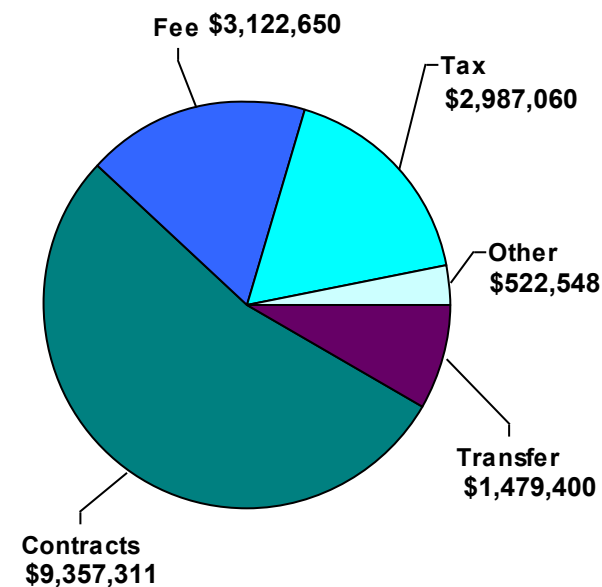
Vital Records	Davis	Utah
Births	5,687	50,234
Deaths	1,762	17,580

2016 Budgeted Expenditures



Budget	
Health Department Expenditures & Revenues	
Personnel Expenditures	\$8,391,451
Operations Expenditures	\$6,096,363
Capital Expenditures	\$382,340
Indirect	\$1,945,641
Total Expenditures	\$16,815,795
Tax Revenue	\$2,987,060
Fee Revenue	\$3,122,650
Contracts Revenue	\$9,357,311
Other Revenue	\$522,548
Transfer	\$1,479,400
Total Revenue	\$17,468,969

2016 Budgeted Revenues







*DCHD WIC Clinic &  
Immunization Clinic*  
596 West 750 South  
Woods Cross, UT 84087



*Davis County  
Testing Center*  
20 North 600 West  
Kaysville, UT 84037



*Davis County  
Health Department and  
Midtown Community  
Health Center*  
22 South State Street  
Clearfield, UT 84015

## ***Davis County Health Department***

*Healthy Choices. Healthy People. Healthy Communities.*



*Autumn Glow  
Senior Activity Center*  
81 East Center Street  
Kaysville, UT 84037



*Golden Years  
Senior Activity Center*  
726 South 100 East  
Bountiful, UT 84010



*North Davis  
Senior Activity Center*  
42 South State Street  
Clearfield, UT 84015

## 10 Essential Public Health Services

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.



**Davis**  
COUNTY